

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)								GENERAL NO APPLICANT/EE		FILING DATE 10/16/99			
								CLAIMS					
AS FILED		AFTER SEARCHED		AFTER SEARCHED									
NO.	OCP.	NO.	OCP.	NO.	OCP.	NO.	OCP.	NO.	OCP.	NO.	OCP.		
1	1							61					
2		1						62					
3		1						63					
4	1							64					
5	1							65					
6	1							66					
7		1						67					
8		1						68					
9		1						69					
10	1							70					
11	1							71					
12		1						72					
13		1						73					
14		1						74					
15		1						75					
16		1						76					
17		1						77					
18		1						78					
19		1						79					
20		1						80					
21	1							81					
22								82					
23								83					
24								84					
25								85					
26								86					
27								87					
28								88					
29								89					
30								90					
31								91					
32								92					
33								93					
34								94					
35								95					
36								96					
37								97					
38								98					
39								99					
40								100					
41								TOTAL NO.					
42								TOTAL OCP.					
43								TOTAL OCP.					
44								TOTAL					
45													
46													
47													
48													
49													
50													
TOTAL NO.	17												
TOTAL OCP.	17												
TOTAL	1												

3  
BEST AVAILABLE COPY